

The Youth National Volleyball Association (YNVA) Presents:

the Volley Girlz and SPIKE GUYZ austin texas

2009 VolleyGirlz/SpikeGuys Outdoor Volleyball League • Girls & Boys in 3rd - 8th Grades

Founders: Jerritt Elliott (University of Texas Head Coach & 2008 U.S. National A2 Team Head Coach) & **Sarah Silvernail Elliott** (Former USA National Team member & 6-year professional indoor international player)

Directors:

Brian Wright/Regents (University of Texas Volunteer Coach and Austin Performance Volleyball Club) & **John Rodriguez/Dripping Springs** (Dripping Springs HS Head Coach, University of Texas Libero Camp director, Austin Juniors Volleyball Club)

Dates:

Sunday Nights, September 13-Oct 25, 2009

- Skills, training from 5:00-5:45 p.m.

- led by the Directors & hired head coaches; includes training for parent coaches

- Match play 6:00-7:00 p.m.

- 4-on-4 play on smaller, outdoor grass courts, led by parent coaches

Locations:

- Austin: Regents School (3230 Travis Country Circle)
- Dripping Springs: DSYS (27908 RR 12)

Cost:

\$150 Early Registration*; \$175 after Sept 9 • Includes team T-Shirt

*Must be postmarked or received via fax by Tuesday, Sept 8

Registration, etc.:

- Fill out registration form (attached) and mail to:

YNVA, 3736 Bee Cave Rd., #1-164, Austin, TX 78746 or fax to: (512) 712-4593

- For more info., email contact@theynva.org or call (512) 712-4594

**Parent
Registration**
Sunday, March 22
Dripping Springs: 4 pm
Regents: 6 pm

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REGISTRATION FORM • 2009 VolleyGirlz/SpikeGuyz Outdoor Volleyball League • Girls & Boys in 3rd - 8th Grades

Participation is based on school year as of Sept. 1, 2008.

- 3rd Grade \$150 5th Grade \$150 7th Grade \$150
- 4th Grade \$150 6th Grade \$150 8th Grade \$150
- VolleyGirl
- SpikeGuy

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Amount Paid:	_____
Check Number:	_____
Date:	_____
Grade (9/01/08):	_____

There is a \$25 late fee if registration and payment are received after Sept 8, 2009.

Make check payable to "YNVA" and mail to:
YNVA
3736 Bee Cave Rd., #1-164
Austin, TX 78746

Location registering for: Dripping Springs Regents

PLAYER INFORMATION:

Player's Name _____ School _____

Date of Birth _____ Grade on 09/01/08 _____

I have played volleyball for _____ seasons T-Shirt Size (circle one) YS, YM, YL, AS, AM, AL, AXL

Player's Address _____ City _____ State _____ Zip _____

Parent/Guardian #1

Name _____ Daytime Phone _____ Cell _____

E-mail Address _____ Occupation _____

Parent/Guardian #2

Name _____ Daytime Phone _____ Cell _____

E-mail Address _____ Occupation _____

Emergency Contact _____ Emergency Contact's Phone _____

Each team will need two volunteer coaches.

I would like to Volunteer as a Parent Coach. Name _____ Phone _____

E-mail _____

I would like to sponsor a future team. Name _____ Phone _____

E-mail _____